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Substitute for Form PTO-875												
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER				EXTRA	R	ATE	FEE		RATE	FEE		
BASIC FEE (37 OFR 1.16(a))								5	OR		5	
TOTAL	CLAIMS R 1.16(c))		minus 20 = •			x \$_	•		OR	x s=		
INDEP	ENDENT CLAIM	s	minus 3 =			X 5_	_=		OR	x s=		
(37 CFR 1.16(b)) minus 3 1 1 MULTIPLE DEPENDENT CLAIM PRESENT (37. CFR 1.16(d))						+5			OR	+5=		
					T(OTAL		OR	TOTAL			
If the difference in column 1 is less than zero, enter V in column 2.												
CLAIMS AS AMENDED - PART II												
	(Column 1) (Column 2) (Column 3)					MALL	ENTITY	OR 1	SMALL	ENTITY		
ΗA	7/11/9	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE	
탉	Total	AMENDMENT	Minus '	2-72	•	x s_			OR	x \$=		
AMENDMENT	(37 CFR 1.18(c)) Independent	. ;/	Minus	7	•	x s	=		OR	x \$=		
N.	(37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5	, ,		OR	+5 =		
FIRST PRESENTATION OF MOLTIFLE DEPENDENT COMM. (5. S. T. 1.144)						TOT	'AL		OR	TOTAL ADD'L FEE		
ADDITECT												
کــا	3-12-0			(Column 2)	(Calumn 3)			1/	1			
B		CLAIMS REMAINING		NUMBER PREVIOUSLY	PRESENT EXTRA	LI '	RATE	HONAL		RATE	ADDI- TIONAL	
Z		AFTER AMENDMENT		PAID FOR			eq	FEE	-		FEE	
	Total (37 CFR 1.16(e))	· //	Minus	20	=	X S	}	-	OR	X \$		
AMENDMENT	Independent (37 CFR 1,18(b))	. /	Minus	<u> </u>	<u> </u>	× 5		$\vdash \rightarrow$	OR	X \$=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))					ينا ا	<u></u>		OR	TOTAL		
							TAL D'L FEE		OR	ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)				_			
0		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	\prod	RATE	ADDI-		RATE	ADDI-	
 -		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA]		TIONAL FEE	_		TIONAL FEE	
AMENDMEN	Total (37 CFR 1,16(c))	MAILTEDIARIA	Minus	**	-	X:	=		OR	x s=	<u> </u>	
8	Independent	·	Minus	***	=	ı ×	=		OR	x \$		
N	(37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1 .			OR	+ \$=		
FIRST PRESENTATION OF MOLTIFLE DE CIOCATI COSTILICATION							TAL	1	OR	TOTAL ADD'L FEE		
ADD ET EL												
* If the entry in column 1 is less than the entry in this SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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